AUG 0 6 2007			P. A or <u>Fax</u> (5	ommissioner for .O. Box 1450 lexandria, Virgin 71)-273-2885	Patents ia 22313-1450	
ISTRUCTIONS his sepriate A brither indes correct naintenance fee notifica	ou ociow of difected of	for transmitting the ISS ng the Patent, advance of the patent, advance of the patents in Block 1, by (UE FEE and PUBLICA orders and notification of (a) specifying a new corr	TION FEE (if require maintenance fees wite espondence address; a	d). Blocks 1 through 5 s be mailed to the current nd/or (b) indicating a sep	should be completed whe t correspondence address a arate "FEE ADDRESS" for
CURRENT CORRESPOND	ENCE ADDRESS (Note: Use BI	lock 1 for any change of address)	Fe pa	e(s) Transmittal. This pers. Each additional	certificate cannot be used	or domestic mailings of the for any other accompanying ent or formal drawing, must be seen to the formal drawing.
8009 34TH AVE SUITE 125	ORTH & FUNK, ES.	6/2007 LLC		Certi	icate of Mailing or Trans	smission g deposited with the Unite st class mail in an envelop above, or being facsimil date indicated below.
MINNEAPOLIS	5, MN 55425		[]	Rennae Johi	ison	(Depositor's name
			\blacksquare	Lemas	Shnow-	(Signature
•			L	18/02/2	007	(Date
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTO	R	TTORNEY DOCKET NO.	CONFIRMATION NO.
10/774,051	02/06/2004		Bruce Wilson		GUID.027US01	4846
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	TEE TOTAL FEE(S) DUE	DATE DUE
APPLN. TYPE	SMALL ENTITY NO	ISSUE FEE DUE \$1400	PUBLICATION FEE DUE	PREV. PAID ISSUE	TEE TOTAL FEE(S) DUE	DATE DUE 08/16/2007
nonprovisional EXAM	NO INER	\$1400 ART UNIT	\$300 CLASS-SUBCLASS			
nonprovisional EXAM GILBERT, A	NO INER ANDREW M	\$1400 ART UNIT 3767	\$300 CLASS-SUBCLASS 604-095010	\$0		
nonprovisional EXAM GILBERT, A Change of corresponder 1.363).	NO INER NDREW M ence address or indication	\$1400 ART UNIT 3767 n of "Fee Address" (37	\$300 CLASS-SUBCLASS 604-095010 2. For printing on the (1) the names of up or agents OR, alterna	\$0 patent front page, list to 3 registered patent tively.	\$1700	08/16/2007
nonprovisional EXAM GILBERT, A Change of corresponde FR 1.363). Change of corresp Address form PTO/SE The provisional	NO INER ANDREW M ence address or indication ondence address (or Cha 3/122) attached. ication (or "Fee Address") 2 or more recent) attach	\$1400 ART UNIT 3767 In of "Fee Address" (37) Inge of Correspondence " Indication form	\$300 CLASS-SUBCLASS 604-095010 2. For printing on the (1) the names of up or agents OR, alterna (2) the name of a sing registered attorney or	\$0 patent front page, list to 3 registered patent tively.	\$1700 attorneys 1 member a HOLLINGS of up to	
nonprovisional EXAM GILBERT, A Change of corresponde R 1.363). Change of corresp Address form PTO/SE Address form PTO/SE PFee Address" ind PTO/SB/47; Rev 03-0 Number is required. ASSIGNEE NAME A	NO INER ANDREW M ence address or indication ondence address (or Cha B/122) attached. ication (or "Fee Address 2 or more recent) attach	\$1400 ART UNIT 3767 In of "Fee Address" (37) Inge of Correspondence " Indication form and Use of a Customer A TO BE PRINTED ON	\$300 CLASS-SUBCLASS 604-095010 2. For printing on the (1) the names of up or agents OR, alterna (2) the name of a single registered attorney or 2 registered patent att listed, no name will b THE PATENT (print or to	patent front page, list to 3 registered patent tively, gle firm (having as a ragent) and the names corneys or agents. If no e printed.	stromeys 1ember a HOLLINGS of up to name is 3	08/16/2007 WORTH & FUNK
nonprovisional EXAM GILBERT, A Change of corresponde FR 1.363). Change of corresp Address form PTO/SF Address form PTO/SF MTPC/SB/47; Rev 03-0 Number is required. ASSIGNEE NAME A	NO INER ANDREW M ence address or indication ondence address (or Cha B/122) attached. ication (or "Fee Address 2 or more recent) attach	\$1400 ART UNIT 3767 In of "Fee Address" (37) Inge of Correspondence " Indication form and Use of a Customer A TO BE PRINTED ON	\$300 CLASS-SUBCLASS 604-095010 2. For printing on the (1) the names of up or agents OR, alterna (2) the name of a single registered attorney or 2 registered patent att listed, no name will b THE PATENT (print or to	patent front page, list to 3 registered patent tively, gle firm (having as a ragent) and the names corneys or agents. If no e printed.	stromeys 1ember a HOLLINGS of up to name is 3	08/16/2007 WORTH & FUNK
nonprovisional EXAM GILBERT, A Change of corresponde FR 1.363). Change of corresp Address form PTO/SE Hee Address in PTO/SB/47; Rev 03-0 Number is required. ASSIGNEE NAME A	NO INER ANDREW M ence address or indication ondence address (or Cha 3/122) attached. ication (or "Fee Address 2 or more recent) attach ND RESIDENCE DATA ess an assignee is ident h in 37 CFR 3.11. Comp	\$1400 ART UNIT 3767 In of "Fee Address" (37) Inge of Correspondence " Indication form and Use of a Customer A TO BE PRINTED ON	\$300 CLASS-SUBCLASS 604-095010 2. For printing on the (1) the names of up or agents OR, alterna (2) the name of a single registered attorney or 2 registered patent att listed, no name will b THE PATENT (print or to	patent front page, list to 3 registered patent tively, gle firm (having as a ragent) and the names orneys or agents. If no e printed.	stromeys 1	08/16/2007 WORTH & FUNK
nonprovisional EXAM GILBERT, A Change of corresponde FR 1.363). Change of corresponders form PTO/SE Moders form PTO/SE "Fee Address" ind PTO/SB/47; Rev 03-0 Number is required. ASSIGNEE NAME A PLEASE NOTE: Unl recordation as set fort (A) NAME OF ASSIG	NO INER ANDREW M ence address or indication ondence address (or Cha 3/122) attached. ication (or "Fee Address 2 or more recent) attach ND RESIDENCE DATA ess an assignee is ident h in 37 CFR 3.11. Comp	\$1400 ART UNIT 3767 In of "Fee Address" (37) Inge of Correspondence "Indication form led. Use of a Customer A TO BE PRINTED ON iffed below, no assignee oletion of this form is NO	\$300 CLASS-SUBCLASS 604-095010 2. For printing on the (1) the names of up or agents OR, alterna (2) the name of a single registered attorney or 2 registered patent att listed, no name will but the part of the data will appear on the of a substitute for filing and (B) RESIDENCE: (CIT	patent front page, list to 3 registered patent tively, gle firm (having as a ragent) and the names orneys or agents. If no e printed.	stromeys 1	08/16/2007 WORTH & FUNK
nonprovisional EXAM GILBERT, A Change of corresponde FR 1.363). Change of corresponde FR 1.363). The corresponde PTO/SB The corresponde PTO/SB/47; Rev 03-0 Number is required. ASSIGNEE NAME A PLEASE NOTE: Unl recordation as set fort (A) NAME OF ASSIG Cardiac P	NO INER ANDREW M ence address or indication condence address (or Cha 3/122) attached. ication (or "Fee Address 2 or more recent) attach ND RESIDENCE DATA ess an assignee is ident h in 37 CFR 3.11. Comp GNEE acemakers,	\$1400 ART UNIT 3767 In of "Fee Address" (37) Inge of Correspondence "Indication form led. Use of a Customer A TO BE PRINTED ON iffed below, no assignee oletion of this form is NO	\$300 CLASS-SUBCLASS 604-095010 2. For printing on the (1) the names of up or agents OR, alterna (2) the name of a sing registered attorney or 2 registered patent attained, no name will be the patent of the data will appear on the Ta substitute for filing at (B) RESIDENCE: (CIT St. Page 100-100-100-100-100-100-100-100-100-100	patent front page, list to 3 registered patent tively, gle firm (having as a magent) and the names corneys or agents. If no e printed. The patent of an assignment assignment. Y and STATE OR CO. aul, MN	stromeys 1	08/16/2007 WORTH & FUNK
nonprovisional EXAM GILBERT, A Change of corresponde FR 1.363). Change of corresponde FR 1.363). The change of corresponde GER 1.363). The change of corresponde FR 1.363). The change of corresponde T	NO INER ANDREW M ence address or indication condence address (or Cha 3/122) attached. ication (or "Fee Address 2 or more recent) attach ND RESIDENCE DATA ess an assignee is ident in 37 CFR 3.11. Comp GNEE acemakers, iate assignee category or	\$1400 ART UNIT 3767 In of "Fee Address" (37) Inge of Correspondence "Indication form and. Use of a Customer A TO BE PRINTED ON iffied below, no assignee election of this form is NO Inc. categories (will not be p	\$300 CLASS-SUBCLASS 604-095010 2. For printing on the (1) the names of up or agents OR, alterna (2) the name of a single registered attorney or 2 registered patent attained, no name will be the print of the data will appear on the off a substitute for filing and (B) RESIDENCE: (CIT St. Page of the patent):	patent front page, list to 3 registered patent tively, gle firm (having as a magent) and the names orneys or agents. If no e printed. The patent of an assignment assignment. Y and STATE OR CO aul, MN Individual Com	strone strong st	08/16/2007 WORTH & FUNK Cocument has been filed for coup entity Government
nonprovisional EXAM GILBERT, A Change of corresponde FR 1.363). Change of corresponde FR 1.363). Change of corresponde FR 1.363). The change of corresponde PTO/SB/47; Rev 03-0 Number is required. ASSIGNEE NAME A PLEASE NOTE: Unl recordation as set fort (A) NAME OF ASSIG Cardiac P ease check the appropriate the following fec(s): It issue Fee	NO INER ANDREW M ence address or indication condence address (or Cha 3/122) attached. ication (or "Fee Address 22 or more recent) attach ND RESIDENCE DATA ess an assignee is ident in in 37 CFR 3.11. Comp GNEE acemakers, iate assignee category or are submitted:	\$1400 ART UNIT 3767 In of "Fee Address" (37) Inge of Correspondence " Indication form and. Use of a Customer A TO BE PRINTED ON iffied below, no assignee oletion of this form is NO Inc. categories (will not be p	\$300 CLASS-SUBCLASS 604-095010 2. For printing on the (1) the names of up or agents OR, alterna (2) the name of a single registered attorney or 2 registered patent attained, no name will be the print of the data will appear on the off a substitute for filing and (B) RESIDENCE: (CIT St. Page of the patent):	patent front page, list to 3 registered patent tively, gle firm (having as a magent) and the names orneys or agents. If no e printed. The patent of an assignment assignment. Y and STATE OR CO aul, MN Individual Com	stromeys 1	08/16/2007 WORTH & FUNK Cocument has been filed for the coupentity Government
nonprovisional EXAM GILBERT, A Change of corresponde FR 1.363). Change of corresponde FR 1.363). The Change of corresponde FR 1.363). Free Address ind PTO/SB/47; Rev 03-0 Number is required. ASSIGNEE NAME A PLEASE NOTE: Unl recordation as set fort (A) NAME OF ASSIG Cardiac P Rease check the appropria. The following fec(s): Issue Fee	NO INER ANDREW M ence address or indication condence address (or Cha 3/122) attached. ication (or "Fee Address 2 or more recent) attach ND RESIDENCE DATA ess an assignee is ident in 37 CFR 3.11. Comp GNEE acemakers, iate assignee category or are submitted:	\$1400 ART UNIT 3767 In of "Fee Address" (37) Inge of Correspondence " Indication form and. Use of a Customer A TO BE PRINTED ON iffied below, no assignee oletion of this form is NO Inc. categories (will not be p	\$300 CLASS-SUBCLASS 604-095010 2. For printing on the (1) the names of up or agents OR, alterna (2) the name of a single registered attorney or 2 registered patent attended in the patent of the payment of the	patent front page, list to 3 registered patent fively, gle firm (having as a ragent) and the names orneys or agents. If no e printed. The printed of the pr	stromeys 1	08/16/2007 WORTH & FUNK Cocument has been filed for some entity Government shown above)
nonprovisional EXAM GILBERT, A Change of corresponde FR 1.363). Change of corresponde FR 1.363). Change of corresponde FR 1.363). The fee Address ind PTO/SB/47; Rev 03-0 Number is required. ASSIGNEE NAME A PLEASE NOTE: Uni recordation as set forti (A) NAME OF ASSIG Cardiac P ease check the appropria. The following fee(s): Issue Fee Publication Fee (N Advance Order - fee	NO INER ANDREW M ence address or indication condence address (or Cha 3/122) attached. ication (or "Fee Address 2 or more recent) attach ND RESIDENCE DATA ess an assignee is ident in 37 CFR 3.11. Comp GNEE acemakers, iate assignee category or are submitted:	\$1400 ART UNIT 3767 In of "Fee Address" (37) Inge of Correspondence "Indication form led. Use of a Customer A TO BE PRINTED ON iffied below, no assignee oletion of this form is NO Inc. categories (will not be p	\$300 CLASS-SUBCLASS 604-095010 2. For printing on the (1) the names of up or agents OR, alterna (2) the name of a sing registered attorney or 2 registered patent att listed, no name will be the patent of the data will appear on the Ta substitute for filing at (B) RESIDENCE: (CIT St. Patent of the patent): b. Payment of Fec(s): (Ple A check is enclosed. Payment by credit coverpayment, to Depare the patent of the patent of the patent of the patent of the payment by credit coverpayment, to Depare the patent of the patent of the patent of the patent of the payment by credit coverpayment, to Depare the patent of	patent front page, list to 3 registered patent tively, gle firm (having as a ragent) and the names orneys or agents. If no e printed. The printed of the pr	stromeys 1	oup entity Government shown above)

Mark A. Hollingsworth Registration No. 38,491 Typed or printed name This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Authorized Signature

AUG U 6 2007 Applicant:

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

WILSON

Examiner:

Gilbert, A.

10/774,051

Group Art Unit:

3767

Filed:

February 6, 2004

Docket No.:

GUID.027US01

(03-501)

Allowed:

May 16, 2007

Confirmation No.:

4846

Title:

APPARATUS FOR GUIDE CATHETER POSITIONING

· ·

Rennae Johnson

MAIL STOP ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

We are transmitting herewith the attached:

Transmittal Sheet

Please charge Deposit Account No. 50-3581 (GUID.027US01) the amount of \$1,700.00

(\$1400.00 for the Issue Fee and \$300.00 for the Publication Fee).

Part B-Issue Fee Transmittal.

1 Return Postcard.

If appropriate, charge Deposit Account No. 50-3581 (GUID.027US01) for any fee deficiency or overage.

HOLLINGSWORTH & FUNK, LLC

Attorneys at Law 8009 34th Avenue South, Suite 125 Minneapolis, MN 55425 952.854.2700 (tel.) · 952.854.2722 (fax)

Name: Mark A. Hollingsworth

Reg. No.: 38,491